

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 26

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Bill White for Texas

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Richard Laminack</p> <hr/> <p>Mailing Address 11402 Quail Hollow Lane</p> <hr/> <p>City Houston, TX State Zip Code 770246507</p> <hr/> <p>Purpose of Disbursement Refund of contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 04 / 14 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>100.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lynn Davis Lasher</p> <hr/> <p>Mailing Address 5551 Cedar Creek</p> <hr/> <p>City Houston, TX State Zip Code 77056</p> <hr/> <p>Purpose of Disbursement Refund of contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 04 / 14 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>100.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Carol Linn</p> <hr/> <p>Mailing Address 2727 Kirby Drive, #28K</p> <hr/> <p>City Houston, TX State Zip Code 770981173</p> <hr/> <p>Purpose of Disbursement Refund of contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 04 / 14 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>100.00</p>
<p><b>SUBTOTAL of Disbursements This Page (optional)</b>.....</p> <p><b>TOTAL This Period (last page this line number only)</b>.....</p>	